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**DETERMINING TERMINAL STATUS  
DECLINE IN CLINICAL STATUS GUIDELINES**

**Patient Name:** \_\_\_\_\_ **MR#:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Admission Date** \_\_\_\_\_ **Attending Physician:** \_\_\_\_\_

Patients will be considered to be in the terminal stage of the individuals prognosis (**life expectancy of six months or less**) if the terminal illness runs its normal course.

**Clinical Status**

Progression of disease as documented by worsening clinical status, symptoms, signs and laboratory results.

- Recurrent or intractable infections such as pneumonia, sepsis or upper urinary tract.
- Weight loss not due to reversible causes such as depression or use of diuretics.
- Decreasing anthropomorphic measurements (mid-arm circumference, abdominal girth), not due to reversible causes such as depression or use of diuretics.
- Decreasing serum albumin or cholesterol.
- Dysphagia leading to recurrent aspiration and/or inadequate oral intake documented by decreasing food portion consumption.

Symptoms

- Dyspnea with increasing respiratory rate.
- Cough, intractable.
- Nausea/vomiting poorly responsive to treatment.
- Diarrhea, intractable.
- Pain requiring increasing doses of major analgesics more than briefly.

Signs

- Decline in systolic blood pressure to below 90 or progressive postural hypotension.
- Ascites.
- Venous, arterial or lymphatic obstruction due to local progression or metastatic disease.
- Edema.
- Pleural/Pericardial effusion.
- Weakness.
- Change in level of consciousness.

Laboratory (When available. Lab testing is not required to establish hospice eligibility.)

- Increasing pCO<sub>2</sub> or decreasing pO<sub>2</sub> or decreasing SaO<sub>2</sub>.
- Increasing calcium, creatinine or liver function studies.
- Increasing tumor markers (e.g., CEA, PSA).
- Progressively decreasing or increasing serum sodium or increasing serum potassium.
  
- Decline in Karnofsky Performance Status (KPS) or Palliative Performance Score (PPS) from  $\leq 70\%$  due to progression of disease.
  
- Increasing emergency room visits, hospitalizations, or physician's visits related to hospice primary diagnosis.
  
- Progressive decline in Functional Assessment Staging (FAST) for dementia (from  $\geq 7A$  on the FAST).
  
- Progression to dependence on assistance with additional activities of daily living.

- Progressive stage 3-4 pressure ulcers in spite of optimal care.
- Physiologic impairment of functional status as demonstrated by:  
Karnofsky Performance Status (KPS) or Palliative Performance Score (PPS)  
from  $\leq 70\%$ . (Note that HIV Disease & Stroke and Coma establish lower  
qualifying KPS or PPS.)

Dependence on assistance for two or more activities of daily living (ADLs).

- Feeding
- Ambulation
- Continence
- Transfer
- Bathing
- Dressing

Co-morbidities

- Chronic obstructive pulmonary disease.
- Congestive heart failure
- Ischemic heart disease.
- Diabetes mellitus.
- Neurologic disease (CVA, ALS, MS, Parkinson's). w/expressive aphasia
- Renal failure.
- Liver disease.
- Neoplasia.
- Acquired immune deficiency syndrome.
- Dementia.

Other comments or supporting documentation:

Evaluation by Rainbow Hospice RN

\_\_\_\_\_ Date \_\_\_\_\_

**and/or**

\_\_\_\_\_ **Date** \_\_\_\_\_